# DEPARTMENT OF SOCIAL AND HEALTH SERVICES HEALTH AND RECOVERY SERVICES ADMINISTRATION Olympia, Washington

To: Pharmacists Memorandum No: 06-13

Family Planning Providers **Issued:** September 21, 2006 Managed Care Organizations

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Health and Recovery Services http://maa.dshs.wa.gov/pharmacy/

Administration (HRSA)

Subject: Prescription Drug Program: Point-of-Sale System Requirements for

Dispensing Birth Control Hormones, and Updates and Additions to Covered

Drugs for Family Planning Only and TAKE CHARGE clients.

Effective for dates of service on and after December 1, 2006, the Health and Recovery Services Administration (HRSA) will:

- Change the Point-of-Sale (POS) system to require a minimum of three months and a maximum of 12 months when dispensing birth control hormones;
- Update the list of covered contraceptives and drugs for the Family Planning Only and TAKE CHARGE clients; and
- Update the list of covered sterilizations medications for pre- and post-sterilization procedures for Family Planning Only and TAKE CHARGE clients.

## **Billing Instructions Replacement Pages**

Attached are replacement pages C.5 – C.6, G.3 – G.4 and J.11 – J.12 to HRSA's *Prescription Drug Program Billing Instructions*.

**Note:** HRSA updated the Family Planning Providers Billing Instructions effective January 1, 2006. These billing instructions have updated the covered drugs for Family Planning Only and TAKE CHARGE clients. This memo is being published to update the pages in Prescription Drug Program Billing Instructions that address Family Planning drugs. Click to download the Family Planning Providers Billing Instructions.

## How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <a href="http://maa.dshs.wa.gov">http://maa.dshs.wa.gov</a> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules link*).

To request a free paper copy from the Department of Printing:

- 1. Go to: www.prt.wa.gov (Orders filled daily.)
  - a) Click General Store.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the Store Lobby screen, click Shop by Agency. Select Department of Social and Health Services and then select Health and Recovery Services Administration.
  - d) Select *Billing Instructions*, *Forms*, *Healthy Options*, *Numbered Memoranda*, *Publications*, or *Document Correction*. You will then need to select a year and then select the item by number and title.
- 2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/ telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

- 4. Drugs used to replace those taken from skilled nursing facility emergency kits.
- 5. The cost differential between the least costly dosage form of a drug and a more expensive dosage form within the same route of administration, unless the prescriber designated the costlier dosage form as medically necessary.
- 6. Free pharmaceutical samples.
- 7. Drug products after the NDC termination date.
- 8. Drug products whose shelf life has expired.

HRSA evaluates a request for a drug that is listed as noncovered under the provisions of WAC 388-501-0160 that relates to noncovered services. The request for a noncovered drug is called a "request for an exception to rule." See WAC 388-501-0160 for information about exceptions to rule.

# Is there a "Days Supply" limit? [Refer to WAC 388-530-1250]

Most drugs are limited to a 34-day supply.

## **Exceptions:**

- Drugs where the smallest package size exceeds a 34-day supply;
- Drugs with special packaging instructions; or
- Any of the following:
  - Acetaminophen
  - Antacid tablets
  - Aspirin
  - Calcium Carbonate tablets
  - ✓ Calcium Gluconate tablets
  - Calcium Lactate tablets
  - Contraceptives
  - ✓ ✓ Cyanocobalamin
  - Ferrous Fumarate tablets
  - Ferrous Gluconate tablets
  - Ferrous Sulfate tablets
  - Fluoride drops
  - Niacin tablets
  - Niacinamide tablets
  - Nitroglycerin buccal and sublingual tablets
  - ✓ Polyvitamin drops w/fluoride
  - Prenatal vitamins

- For fee-for-service clients or those managed care clients who have self referred outside of their plan for family planning services, dispense at least a 3-month supply, but no more than a 12-month supply of the following:
  - Contraceptive patches;
  - ➤ Contraceptive rings; and
  - Oral contraceptive pills

See G.3 for emergency contraceptive pills

• If a managed care client receives family planning services (prescription[s]) from her managed care participating provider, then the prescription must be filled as written by that provider. The prescription may be for only one month at a time or longer.

# How many prescriptions are allowed per month if less than a 34-day supply is prescribed? [Refer to WAC 388-530-1250]

If less than a 34-day supply, *no more than two* prescriptions of the same drug are allowed in any calendar month. The third fill requires prior authorization.

#### **Exceptions:**

- Over-the-counter contraceptives; or
- Suicidal clients or clients at risk for potential drug abuse;
- Clients being monitored by prescriber (e.g., clozapine-see page G.2).

Four fills in a calendar month are allowed for the following drugs (fifth fill will require authorization):

- 1. Antibiotics
- 2. Anti-asthmatics
- 3. Schedule II & III drugs
- 4. Antineoplastic agents
- 5. Topical preparations
- 6. Propoxyphene, propoxyphene napsylate, and all propoxyphene combinations

#### **Exception:**

When a client has been on the medication longer than 90 days (the time defined as "chronic") fill for a 34-day supply.

## **Emergency Contraception Pills (ECP)**

Emergency contraception pills are reimbursable through the MAA Point-of-Sale (POS) prescription drug system. To receive payment, pharmacies must bill MAA fee-for-service using the specific NDC and prescribing provider number 9777707. There is no limit on the units of Plan B dispensed. Pharmacies who are members of, or subcontract with, managed care plans must bill the prescription cost to the plans. MAA reimburses pharmacists for ECP plus a dispensing fee. Bill ECP using the appropriate NDC.

# **Emergency Contraception (EC) Counseling**

When a pharmacist with an EC protocol approved by the Board of Pharmacy prescribes ECPs, the pharmacy may bill MAA for the counseling portion.

Prior to billing for EC counseling, MAA must have a letter or fax on file requesting reimbursement for EC counseling along with a copy of the pharmacist's approved protocol certificate from the Board of Pharmacy.

The request must state, "Attached is the approved protocol certificate from the Board of Pharmacy," and must include the pharmacy's MAA provider number. Send the initial request and certificate copy to:

Medical Assistance Administration Provider Enrollment Unit PO Box 45562 Olympia, WA 98504-5562 FAX: (360) 586-1209

Use the following procedure code and diagnosis code to bill for EC counseling.

Diagnosis Code	Description	Procedure Code	Maximum Allowable
V25.09	EC Counseling	S9445	\$13.50
Contraceptive Management			

The counseling is a service-related item, not a drug, and must be billed on a HCFA-1500 claim form. The pharmacy must use its MAA-assigned provider number (beginning with a "6"), not the National Association of Boards of Pharmacy (NABP) number. The prescribing provider number 9777707 must be entered in *Referring Provider field* (field 17a), and diagnosis code V25.09 (contraceptive management) must be used.

#### **Anti-emetics**

Pharmacists with prescriptive authority for emergency contraception pills may prescribe and bill for selected anti-emetics only when these drugs are dispensed in conjunction with emergency contraception pills. MAA will reimburse the following only when they are prescribed and dispensed in the strength/dose form listed:

**Meclizine hydrochloride** 25 mg tablets

**Diphenhydramine hydrochloride** 25 mg tablets/capsules

**Dimenhydrinate** 50 mg tablets

**Promethazine hydrochloride** 25 mg tablets or 25 mg suppository

Metoclopramide5 mg, 10 mg tabletsProchlorperazine25 mg suppository

### **Billing Note for Healthy Options**

*Hard copy billers* must enter one of the following comments in the *Justification/Comments* field on the Pharmacy Statement [DSHS 13-714]. All entities listed below are not participating in the client's plan.

Prescribed by Family Planning Agency Prescribed by Community Mental Health Center; or Prescribed by Health Department

Point-of-Sale billers must enter "2" in the Claim Segment, Prior Authorization Type Code field.

# **Family Planning Only and TAKE CHARGE Clients**

Clients on the Family Planning Only or TAKE CHARGE programs are identified by the statement "Family Planning Only" or "TAKE CHARGE" on their DSHS Medical ID card.

Family planning agencies may prescribe the following family planning related drugs and contraceptives within the following therapeutic drug classes to Family Planning Only or TAKE CHARGE clients:

Contraceptives and Drugs		
Contraceptives, injectables	Macrolides	
Contraceptives, transdermal	Antibiotics, misc. other	
Contraceptives, intravaginal	Quinolones	
Contraceptives, intravaginal, systemic	Cephalosporins – 1st generation	
Vaginal lubricant preparations	Cephalosporins – 2nd generation	
Condoms	Cephalosporins – 3rd generation	
Diaphragms/cervical caps	Absorbable Sulfonamides	
Intrauterine devices	Nitrofuran Derivatives	
Vaginal antifungals	Antifungal Antibiotics	
Vaginal Sulfonamides	Antifungal Agents	
Vaginal Antibiotics	Anaerobic antiprotozoal – antibacterial agents	
Tetracyclines		

Sterilization Medication *			
	Maximum Number of Doses		
<b>Antianxiety Medication – Before Sterilization Procedure</b>			
Diazepam	2		
Alprazolam	2		
Pain Medication – After Sterilization Procedure			
Acetaminophen with Codeine #3	12		
Hydrocodone Bit/ Acetaminophen	12		
Oxycodone HCl/Acetaminophen 5/500	12		
Oxycodone HCl/ Acetaminophen	12		

#### Billing Note for Family Planning Only and TAKE CHARGE (Sterilization Medication):

Hard copy billers must enter "family planning sterilization medication" in the Justification/Comments field on the Pharmacy Statement [DSHS 13-714].

**Point-of-Sale billers** must enter "6" in the Claim Segment, Prior Authorization Type Code field.

## **Skilled Nursing Facility Clients**

### **Over-the-Counter (OTC) Drugs**

HRSA does not reimburse for OTC drugs when the client resides in a skilled nursing facility unless the drugs are on the Washington Preferred Drug List (see section N). Reimbursement for OTC drugs is included in the skilled nursing facility per diem.

## **Medications for Skilled Nursing Facility Clients on Leave**

Skilled nursing facility clients on leave should have their additional maintenance prescriptions filled for the duration of the leave. If the client leaves weekly, prescriptions should be filled for a one-month supply.

Skilled nursing facilities should determine which of the following methods will be followed when a skilled nursing facility client goes on leave:

- The client may take the prescription medication home and keep it there for use during skilled nursing facility absences; or
- The client may return the prescription medication to the skilled nursing facility following each leave so that it may be stored for safekeeping. The prescription medication is the client's personal property.

Both of these practices are in accordance with state pharmaceutical regulations.

#### **Billing Note:**

Hard copy billers\_must indicate "weekend pass" or "take home/leave supply" in the Justification/Comments field on the Pharmacy Statement [DSHS 13-714].

**Point-of-Sale billers**: Enter "8" in the Claim Segment, Prior Authorization Type Code field.